

## Application Data Sheet

### Application Information

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: SCREENING TECHNIQUES FOR  
MANAGEMENT OF A NERVOUS SYSTEM  
DISORDER  
Attorney Docket Number:: 11738.00149  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure:: 20  
Total Drawing Sheets:: 33  
Small Entity?:: NO  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ivan  
Middle Name::  
Family Name:: Osorio  
Name Suffix::  
City of Residence:: Leawood  
State or Province of Residence:: KS  
Country of Residence:: US  
Street of mailing address:: 4005 W. 124<sup>th</sup> Street  
  
City of mailing address:: Leawood  
State or Province of mailing address:: KS  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 66209  
  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: G.  
Family Name:: Frei  
Name Suffix::  
City of Residence:: Lawrence  
State or Province of Residence:: KS  
Country of Residence:: US  
Street of mailing address:: 2513 Via Linda Drive  
  
City of mailing address:: Lawrence  
State or Province of mailing address:: KS  
Country of mailing address:: US

Postal or Zip Code of mailing address::	66047
Applicant Authority Type::	Inventor
Primary Citizenship Country::	India
Status::	Full Capacity
Given Name::	Naresh
Middle Name::	C.
Family Name::	Bhavaraju
Name Suffix::	
City of Residence::	Lawrence
State or Province of Residence::	KS
Country of Residence::	US
Street of mailing address::	4700 W. 27 <sup>th</sup> Street LL5
City of mailing address::	Lawrence
State or Province of mailing address::	KS
Country of mailing address::	US
Postal or Zip Code of mailing address::	66047
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Thomas
Middle Name::	E.
Family Name::	Peters
Name Suffix::	
City of Residence::	Lawrence
State or Province of Residence::	KS
Country of Residence::	US
Street of mailing address::	1300 Rhode Island Street
City of mailing address::	Lawrence

State or Province of mailing address:: KS  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 66044

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Nina  
Middle Name:: M.  
Family Name:: Graves  
Name Suffix::  
City of Residence:: Minnetonka  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 4312 Ridge Court

City of mailing address:: Minnetonka  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55391

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Scott  
Middle Name:: F.  
Family Name:: Schaffner  
Name Suffix::  
City of Residence:: Austin  
State or Province of Residence:: TX  
Country of Residence:: US  
Street of mailing address:: 10602 Showboat Cove

City of mailing address:: Austin  
State or Province of mailing address:: TX  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 78730

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CA  
Status:: Full Capacity  
Given Name:: Jonathon  
Middle Name:: E.  
Family Name:: Giftakis  
Name Suffix::  
City of Residence:: Brooklyn Park  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 3701 78<sup>th</sup> Avenue N

City of mailing address:: Brooklyn Park  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55443

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: T.  
Family Name:: Rise  
Name Suffix::  
City of Residence:: Monticello

State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 7745 Aetna Avenue, NE  
  
City of mailing address:: Monticello  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55362

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jonathan  
Middle Name:: C.  
Family Name:: Werder  
Name Suffix::  
City of Residence:: Corcoran  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 23160 Meadowview Drive  
  
City of mailing address:: Corcoran  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55374

## **Correspondence Information**

Correspondence Customer Number:: 22908

## **Representative Information**

Representative Customer Number:: 22908

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/503,963	09/19/03
This Application	Non-Provisional of	60/418,476	10/15/02

## **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

## **Assignee Information**

Assignee name:: Medtronic, Inc.  
Street of mailing address:: 710 Medtronic Parkway, NE  
City of mailing address:: MS-LC340  
Minneapolis  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55432